

Compassion Fatigue in Higher Education:
The Problem No One is Talking About

by

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ABSTRACT

Traditionally when the topic of secondary traumatic stress (STS) is discussed, it is often in regard to medical professionals and first responders. People who have STS or compassion fatigue, as it has been renamed, have been defined as people who are dealing with traumatic stress and/or emotional burdens via their “patients.” This study, conducted at a major university in the southwest, measured educators’ perceptions of the extent of their compassion fatigue using the Professional Quality of Life Scale (ProQOL) before and after a voluntary online support training during last four weeks of the semester. Educators who were full time scored better than the educators who worked part time on the three components of the Compassion Fatigue Scale. Results from this study suggest that additional training surrounding compassion fatigue may be needed in the future.

DEDICATION

Thank you often doesn't seem enough when I think about this. There are so many people who have cheered me on, endured the long conversations surrounding the research, and supported me from near and far, throughout this journey. It is because of all of you that I have been able to reach this milestone in my life.

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CHAPTER 1

Introduction

During the spring of 2015, a student who was enrolled in an academic refresher course that I was teaching (UNI 220, now titled Mindset Connections) ended his own life. In the weeks that followed, I poured over the student's journal entries. I felt like I must have missed something in those journals that could have prevented the tragedy. Consumed with guilt, I blamed myself for missing something, somewhere. It was not long before I could not focus and had a hard time empathizing with colleagues and other students. Knowing the university had many resources, I reached out to those that were available to educators.

In the fall of 2016, more than a half dozen different students confided in me regarding various traumas, ranging from suicidal thoughts to sexual assault. After a while, I felt helpless, as it seemed no matter what I did or said, I simply was not enough to help these students. While I directed them to the proper resources that they needed to heal from their traumas, I had a tough time dealing with their traumas. My students were always on my mind. I was missing deadlines. I was detached from things in the department. I was not socializing with my colleagues. I was not volunteering to help out as I used to, and I showed a gross amount of apathy to everything going on around me. I was exhibiting compassion fatigue.

Even when educators have access to resources to alleviate stress, they may not know how to utilize them in the most effective way. In many cases, even when educators have access to resources and know how to use them, they still experience compassion fatigue. For the purpose of this research, compassion fatigue is defined as

the educator's disengagement or inability to engage with students due to the negative impact of consistent secondary exposure to traumatic events.

Learning how to efficiently use compassionate detachment techniques, techniques that will help the educator to learn how to allow the students in their classrooms to deal with their own problems and take responsibility for the students' own mistakes/choices instead of the educator carrying the burden, can help mitigate, if not eliminate, the majority of the compassion fatigue issues that can arise when educators are consistently exposed to student trauma.

Student Population

Increasingly, first-year students are underprepared or even unprepared for the changes that occur between high school and college. In the late summer/early fall of every year, hundreds of thousands of young adults start the next chapter of their education by entering their freshman year of college; however, for some, it is not an easy chapter to begin, nor is it an easy journey to complete. Students run into unexpected barriers; other barriers the student themselves create. Approximately 89% of high school seniors expect that college will merely mirror high school, with teachers concerned for the individual student; that their reading, writing, and study skills will be enough for college, and that they will have no issues with classes or studying as long as they continue to do what they did in high school (Harke, 2011). "34% of freshman will drop out in the first year... 15% of them drop out due to unrealistic academic expectations" (Harke, 2011).

Further research indicates the average persistence rate (the rate at which students graduate within their prescribed four years) in the United States (U.S.) is currently

sitting right around 80% (National Student Clearinghouse, 2014). Many students come to college unprepared or underprepared in what are termed “soft skills,” such as perseverance and the collaborating with peers. The level of preparedness, or lack thereof, has created a number of issues for colleges and universities. To combat this problem, institutions nationwide have started a variety of programs. Roughly 60% of colleges and universities require their student body to participate in Academic Success Programs (Bazemore-Walker, 2016).

Arizona State University (ASU) is one of the top 10 largest schools in the country according to *U. S. News & World Report* (2019). As one of the largest schools in the country, student retention is a top priority, especially when the ASU Charter states that “we are measured not by whom we exclude, but rather by whom we include and how they succeed.” The 2020 freshman class is over 11,500 students with a diverse population (Seckel, 2016). ASU boasts retention and persistence rates higher than the national average. First-year student retention for 2017 is 81% and persistence is 87% (Faller, 2018). As the success of the institution continues to grow, more students are applying to and getting into the university. The question most administrators focus on is how we can continually improve to meet the needs of a diverse and vulnerable student population.

The Success Courses is a department within University College at Arizona State University. This department serves every academic unit in the larger university (with over 53,519 undergraduate students labeled at risk) (Data reported for the 2018-2019 academic year). Undergraduate students required to take the courses offered within this unit usually fall within two categories: (a) they demonstrate an academic need through

the Critical Index (CI) score lower than 105 which is a combination of their college entrance examinations, high school GPA, and high school placement which may indicate a need for extra resources needed, or (b) they are on academic probation. There is no consistent standard throughout the university in regard to what constitutes academic probation; students in the courses could have a GPA under 2.0, or they could have a GPA of 3.4 because of the standard of the program in which they are currently enrolled.

In 2007, UNI220 Academic Refresher was introduced into the University's curriculum through the Success Programs as a voluntary and suggested course. After it was run successfully, data showed students who took and passed the course successfully graduated at a higher rate than their peers who opted not to take the course. The Faculty Senate then voted to make UNI220 mandatory for every ASU student on academic probation starting in Spring of 2012.

Some students voiced resentment and hostility at being required to take the course. Many felt it was punishment and a constant reminder of their failure. The curriculum was redesigned by a committee comprised of full-time faculty, with this in mind so the instructors could help break past the hostility. The department administrators also began the daunting task of changing the messaging surrounding UNI 220. Over the next few years, the administration team met with every advising department about what the Academic Refresher class was and was not, to ensure consistent positive messaging so students would not feel like they were being punished. Their work paid off. While some students are still angry at the idea of being required to take the course to graduate, these are few and far between. Advisors tell students what

the class will do to help them, not just in school but after graduation as well because the topics learned are transferable. The department started with one course designed to help students who were on academic probation; nine years later, it offers seven different courses all centered on academic success.

During the 2015-2016 academic school year, the program, re-named Success Courses, held 226 sections (between the seven courses) with a total of 4,315 students. Within these course offerings the UNI 220 Academic Refresher course, designed to help students who are struggling academically, currently enrolls the largest number of students. This is followed by UNI 120 Academic Success which is intended to target incoming freshmen. These courses use and teach techniques such as motivational interviewing, emotional intelligence, mindset, grit, and lifelong learning.

UNI 110 is also paired with a 14-credit cohort model that continues through the student's entire freshmen year. The LEAD Program is a cohort project is designed to help retain first-year students from Fall to Fall, and, in its third year, the retention rates continue to excel. UNI 220 is a required course for any student who falls onto academic probationary status, and UNI 120 required for all incoming freshmen who have a low Critical Index (CI) score. UNI 110, in conjunction with the LEAD project, is on the path to becoming a requirement for all incoming freshmen in the future. These courses have been implemented to support struggling students, and all recent data point to an upward trend in persistence and retention rates.

Diverse and Vulnerable Student Population

Although Academic Success courses are open to any student, students who are required to enroll generally have one or more of the following characteristics:

- First generation – These students are the first in their immediate families to attend a four-year college or university. This also includes students who are the first in their extended families to attend as well.
- International – ASU currently ranks in the top 10 college/university population of international students. According to an *ASU Now* report, ASU had more than 13,000 international students during the 2016-2017 academic year, with China, India, Saudi Arabia, and South Korea listed as the top four countries of origin (*ASU Now*, 2017).
- Economic – Most students entering college face some financial aid need. Students entering university who are also first generation often face the extra responsibility of having to work to provide financially for their families as well as to pay for everything that goes along with college.
- Low CI Scores – The Critical Index (CI) score comprises SAT/ACT scores, high school GPA, and student rank within high school. The CI score is a combination of the above-mentioned tests that allow institutions to predict which student might need more help during their academic careers.
- Racial/ethnic/cultural diversity (underrepresented, historically marginalized)
 - These students range in ethnicities, have culturally diverse backgrounds, and often do not feel like they fit into the college communities. This includes but is not limited to African American, Hispanic, Latino/Latina, LGBTQ/gender non-conforming, Asian American, etc.
- Mental health concerns – Students who are experiencing higher rates of anxiety and depression.

- Health concerns – Students dealing with personal health-related concerns and/or students dealing with a family member with health-related concerns.
- Trauma – Students dealing with personal or familial trauma. This can range from a death in the family to assault to domestic violence concerns.

Theories and Models Used Within Success Curriculum

Table 1

Theories Utilized

Theory	Author	Year	Definition
Relational Agency	Anne Edwards	2005	“shifts the focus from the system to joint action and the impact on those who engage in it between and across systems” (Edwards, 2005, p. 174)
Co-Regulation	Allyson Hadwin and Mika Oshige	2011	“refers to a transitional process in a learner’s acquisition of self-regulated learning (SRL), within which learners and others share a common problem-solving plane, and SRL is gradually appropriated by the individual learner through interactions” (Hadwin & Oshige, 2011, p. 247)
Mindset	Carol Dweck	2006	“two meanings to ability: a fixed ability that needs to be proven, and a changeable ability that can be developed” (Dweck, 2006, p. 15)
Johari’s Window	Joseph Luft and Harrington Ingham	1955	“a self-awareness model that focuses on ‘soft-skills’ originally created as a psychological tool” (Luft & Ingham, 1984, p.26)
Expressive Writing	James Pennebaker and Cindy Chung	2007	“when people transform their feelings and thoughts about personally upsetting experiences into language, their physical and mental health often improve” (Pennebaker & Chung, 2007, p. 3)

Instructors use strategies derived from Relational Agency, Co-Regulation, Johari's Window, and Mindset to drive the curriculum in the Success Courses. These components are described in Table 1.

The theory of Relational Agency was developed by Edwards (2006), who noted the need to be able to draw upon vast interdisciplinary resources and focus them on the same goal while receiving multi-directional support during the process. Edwards defines *Relational Agency* as “a capacity to align one’s thought and actions with those of others in order to interpret problems of practice and to respond to those interpretations” (Edwards, 2006, p. 170). Relational Agency is the coming together by a group of people surrounding a problem of practice that they all have in common, defining the problem, and using the multitude of experience and diverse educational backgrounds to not only propose solutions to the problem of practice but also to begin to implement those solutions (Edwards, 2006). After analyzing numerous studies, Edwards (2009) posited that relational agency needs to be viewed in relation to social inclusion, calling on those practicing relational agencies to utilize all available resources in combination with the persons own knowledge base to best support the student as a whole, not as bits and pieces, which remains a factor in the importance of co-regulation both inside and outside of the classroom.

Co-regulation is made up of three parts: (a) bi-directional flow of information: trainer-instructor, instructor-mentee, instructor-student, student-student; (b) scaffolding of learning outcomes so that students can grasp one before moving onto the next; and (c) inter-subjectivity where the learning outcomes are talked about in an open forum that shares the goals and objectives of those outcomes (Hadwin & Oshige, 2011). Instructors come together to work on curriculum changes, to act as a sounding board for other instructors, to help each other’s students, and to support one another.

According to Hadwin and Oshige (2011), researchers have found that,

1.) teachers co-regulate learning by requesting information, restating or paraphrasing students, requesting judgments of learning, model thinking, and providing prompts for thinking and reflecting; and 2.) students co-regulate learning through discourse acts such as requesting information, requesting judgments of learning, summarizing, modeling thinking, and requesting restatements. (p. 248)

Within this framework, students can find out that they are not alone, which is where relational agency between students and instructor as well as between student and student begins to appear. Using in-class exercises, instructors can develop a list of barriers that all students face while attending college; from that starting point, instructors can guide classroom discussions to discuss examples of these barriers in students' lives. As students start to open up through classroom discussions surrounding shared issues and common themes, the stakeholders can form relational agency (Edwards, 2005). Within each Success Course, the aim is the same: to give each student the tools and skills that they will need to be successful.

Relational agency between students also includes breaking down students' initial misconceptions of their fellow students. This can be accomplished through a variety of in-class activities, such as rapid-fire discussion, wherein every student has to answer and writing something on a piece of paper and throwing it across the room, which gives blind spot feedback, both direct and indirect. As the trust grows with the instructor and the student and the students themselves, more barriers fall, and, as the semester goes on, those barriers that took a few weeks to deal with initially start falling like dominos, if the instructor trusts the students as much as they want them to trust the instructor.

In terms of how relational agency and co-regulation function via these classes' design, the back-and-forth communication between instructor and student, student and student, classroom and instructor, couple's student autonomy and support to determine the best pathway to success. This is a key concept: students defining what success means to them, not what the instructor defines success as.

Carol Dweck developed mindset theory in 2006 as a way to discuss intelligence. One can have a fixed mindset, believing one is born with a certain amount of intelligence or talent, and, once one has reached that point, there is no further you can go (i.e., I've never been good at math; therefore, no matter what I do I'll never be any better). In contrast, one can have a growth mindset, believing, with hard work and practice, one can get better (e.g. Olympic gymnasts and other professional athletes have to continually work on their skills in order to compete at the top level).

When students are taught growth mindset concepts, their overall class performance and GPA increases; students who passed UNI 220 saw a .85 increase in their GPA whereas students who failed or did not take the course saw a decrease in their GPAs (Beyer et al., 2014). This data supports the notion that teaching a growth mindset as a core pedagogy of classes serves to increase student success. Students often come into these courses with a fixed mindset, where there is nothing they could have done to avoid the series of events that led to academic issues; one may commonly find *victim language* within a fixed mindset (e.g., it's the professor fault I failed the course; they didn't remind me the assignment was due; Dweck, 2012). Victim language is characterized by blaming someone else for something you hold the blame for with an excuse that is beyond reason. Without the beginning of a growth mindset, students may

fall back into old patterns and situate further into a fixed mindset, which, in turn, usually means they will continue to repeat the same crises. As the course goes on, and they begin to recognize their growth personally and how things are changing (admittedly because I, as the teacher, assign homework that forces the issue) they realize even in the worst of situations, they have a choice in how they react and deal with the situation. They learn new coping mechanisms to help them overcome issues they face, and these are examples of growth mindset. Once mindsets start to shift, Relational Agency can begin to take place.

Increasing students' autonomy facilitates relational agency among instructors and students who can support student success. This is achieved by developing students' growth mindset and increasing their support by facilitating co-regulation among students, and between students and the instructor (and maybe between the instructor and other instructors).

Instructional Practices

Journal and Expressive Writing

As part of intuitional practices UNI/ASU 120, UNI/ASU 121, and UNI 220 all have a minimum of 10 journals assigned throughout each semester. The journals all have prompts that correlate to the lesson being taught in class that week. Each journal has been carefully created to elicit a response which allows the student to write about events that could be or have already affected their ability to focus on school. It is within these journal responses the faculty are further inadvertently exposed to student trauma. While students may not vocalize their emotions and events during class or in a one on one session, they will take the opportunity to write about traumatic or disturbing events

within the journals. While the assignment is designed so that students at the end of the semester can look back upon their growth process that particular semester, it also potentially exposes the educator to varying degrees of past and present student trauma.

Pennebaker and Chung (2007) found that when participants in their research study on expressive writing were asked to write their thoughts and feelings down, the simple act of writing had a profound effect on the outcome of those participants, where the participants reported increases in their awareness of themselves, their thoughts, and their emotions. They found that while some participants were reluctant to verbally express their emotions that writing them became cathartic. Through various iterations of their research, one conclusion was that when forced to write about a specific topic, participants often focused more on the writing than the actual topic of the question (Pennebaker and Chung 2007). This demonstrates that the writing about various stressors, anxieties, and traumatic events has a positive outcome on the writer, in this case the student. Pennebaker and Chung posit that when emotions can be made tangible, i.e. written word, it allows the writer to begin to experience the emotion as well as the event being recalled. This in turn begins the healing/coping process for the writer, however, the instructor reading these journal entries can experience compassion fatigue (STS) from reading them.

Johari's Window

The construct of Johari's Window (Luft & Ingham, 1984) can explain how the coupling of autonomy and support can facilitate student success within the classroom. Johari's Window, a communication tool developed by Joseph Luft and Harry Ingham, is used for communication by leaders (Little, 2005), as a framework for creating and

asking questions (Halpern, 2009), and exercises in self-awareness. Johari's Window comprises a four-quadrant grid (See Figure 1).

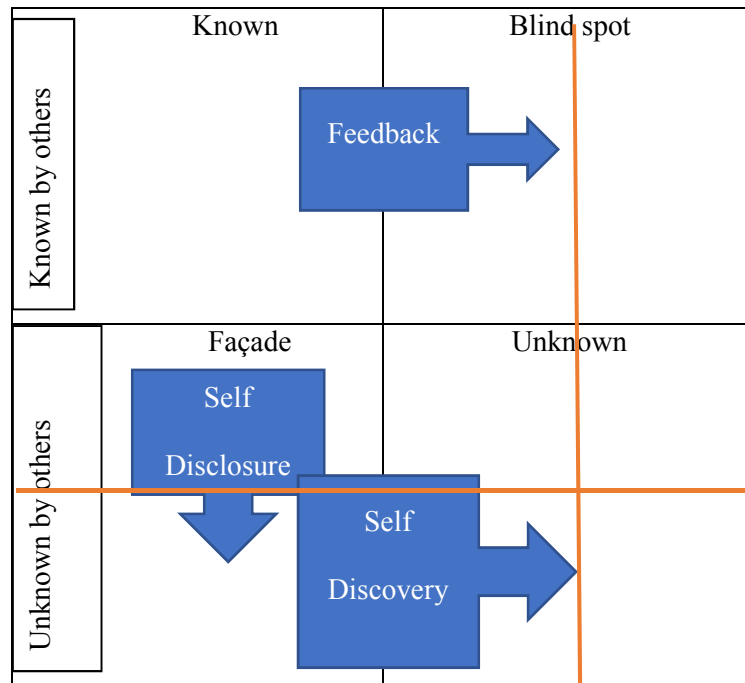


Figure 1. Johari's window. From J. Luft & H. Ingham. (1984). *Group processes: An introduction to group dynamics*. Mountain View, CA: Mayfield.

Each quadrant holds a place of information not only for the individual but also for the collective agents as well (students in the classroom, instructors in training, instructors in mentor/mentee roles, etc).

First, the known "you know I know," is what everyone knows. Examples of this would be the sky is blue, or the grass is green. Second, the blind spot "you know, but I don't know," refers to things that are not known to the individual but are known to those around. An example of this would be formal and informal feedback an individual would get from a critical friend or perhaps a supervisor at work. Third, the unknown "you don't know what you don't know until you realize you don't know it," is defined by what an individual still needs to learn. An example of this is would be, a person may not know the statistical analysis needed to launch a rocket into space, nor that statistical

analysis is needed at all, until that person meets a rocket scientist and learns things the individual didn't know. Lastly, and most complicated, the façade is described as "I know, you don't know." This is information the individual does not give out to others. Most people keep things to themselves; this is part of the human condition. However, when one is trying to overcome a barrier, one has to name the issue to begin mastering it. Johari's Window is consistently used as a framework for both ASU instructors and students. Instructors for the Success Courses are required to attend other instructor's classes to observe, particularly where the content is part of their blind spot.

Journal assignments completed within the courses help the students uncover blind spots. As students work through ideas in their journals individually, they begin to recognize a variety of barriers. In doing so, the students give instructors information about what is going on in their lives which helps to inform what may need to be a focus in the class. In essence, the students are helping co-regulate instructor monitoring and managing of the class through their journal entries. At this point in time, the student who wrote the journal entry and the instructor have insights not shared with the rest of the class. If the instructor can find ways to make knowledge available to the entire class without betraying the confidence of the student who wrote the entry, it shrinks the students' blind spots and increases the *Known*. Group work and partner activities surrounding specific topics also help to shrink the blind spots. As students become more comfortable within the setting of the classroom, they are more likely to open up, drop the façade, and ask for help.

While the journals have the desired effect upon the student population of uncovering the blind spots and having that tangible moment that Pennebaker and Chung

discussed that is tantamount in expressive writing, it is within those same student journals that the instructors are exposed to student trauma. The confines of the safe space that journals create is where students feel safe enough to open up and discuss their previous and current traumas. This in turn exposes the instructors to secondary trauma while reading these journals.

Effect on Instructors

Instructor Training

All instructors teaching Success Courses must attend and complete bi-annual training. Every year in August, the faculty and administration come together for three days of in-person training with prior preparation of roughly 20 hours of completed online instruction. Training consists of such basics as department policies, department pedagogy, instructional practices, and best practices sessions. Instructors also attend and complete similar exercises in January for the spring semester. Success Courses taught within the university deal with these vulnerable student populations can accommodate up to a maximum of 40 students; however, the majority of the courses have a maximum student enrollment of 20.

Each class creates a unique environment through the use of Relational Agency and Co-Regulation. Outside of the classroom, instructors use a variety of exercises and weekly journal prompts to help students overcome their barriers to success. Through these practices, the instructor learns in-depth details about their students. Unfortunately, these details are often complicated, serious, and traumatizing to learn. Educators often feel 'fatigued' after discovering some of the issues their students are facing. The instructor sets the tone for each course and, beginning the first day, gets every student

involved in the conversation. As the semester progresses, the instructor teaches less and becomes more of a facilitator, letting the discussion(s) go where the students need/want the conversation to go while merely steering the course back on target if and when required. This allows for co-regulation to occur. As a more cohesive unit, the students in the course begin to challenge each other to grow in ways that only peers can. Relational agency cannot begin to occur within a classroom without a shift in mindset, going from a fixed and untrusting mindset to a trusting and growth mindset. With a change of mindset, students begin to trust not only the teacher but each other. Once the shift in mindset occurs, trust is formed; from there relational agency around common problems of practice are solved using co-regulation.

Student Trust

Engaging with the students while utilizing these models and theories creates a bond of trust between the student and the instructor. Sometimes the instructors of these courses are the only ones who know which students are struggling; with the diverse population that ASU serves comes its challenges and challengers as well. First-generation students often do not want to tell their families they are struggling because their parents might be paying for their education or because no one in their family understands the pressure that comes from attending college. Students who are dealing with trauma will also often come to these instructors for advice on where to seek out resources therefore the instructor is often the first person whom the student discloses said trauma.

Department Growth

The Success Courses department grew and continues to grow at a rapid rate. In the last 10 years it has seen an increase in the number of students from the hundreds to the thousands. Therefore, an increase in staff was needed in response the increase in enrollment. The department grew from one administrator, four full-time instructors, and approximately six to eight part-time faculty to four administrators, 12 full-time lecturers/instructors, and between 20-30 part time faculty members in 2018. This rapid growth across all four campuses, while fantastic for the department, also led to the disappearance of natural intimate support gatherings as a result of the growth of the program and the university.

The role the instructor plays within the classroom facilitating co-regulation and relational agency is invaluable, but the cost of caring, may take its toll. Spread across four physical campuses, the faculty need to find ways to connect to and support each other. Therefore, the need for additional support for instructors is a priority and the reason behind this research study.

Research Questions

This chapter has outlined an understanding of how educators work with their students within the classroom and assignments that create the co-regulation and relational agency outside of the classroom. There is a need to understand the toll that caring for students can take outside of the classroom on the instructors and why some instructors suffer from compassion fatigue. All of the measures that have been discussed within this chapter pose risks to the instructor. For every disclosed trauma that a student discusses, it opens the instructor up to compassion fatigue over and over again. While universities and colleges are focusing on increasing student persistence

and retention numbers, who is focusing on the faculty? What is being done to support faculty who are dealing with the more vulnerable student populations? How can universities ensure that faculty members are getting what they need to perform at the level that the institutions and students expect of them?

This study seeks to understand how faculty resiliency and compassion towards these vulnerable student populations affect the individual faculty member. This study hopes to answer the following questions:

1. To what extent is compassion fatigue present among the faculty members within the Success Courses department as measured by Professional Quality of Life Scale (ProQOL) scores?
 - a. To what extent is compassion fatigue and its measurable components present within the participants?
 - b. Is there a measurable difference in compassion fatigue among faculty with different appointments; part-time (Faculty Associates and Academic Professionals) and full-time (Instructors and Lecturers)?
2. To what extent do the participants in the anonymous survey group perceive that the online training support had an impact?
 - a. What difference, if any, was there in the scores between pre-tests and post-tests for participants?
 - b. What elements of the training program did the participants report as being effective towards their understanding of self-care?
 - c. What elements of the training program did the participants report as needing more attention?

CHAPTER 2

Review of the Literature

This chapter provides information concerning compassionate fatigue (CF), research that has led to the introduction of CF, and models that are currently trying to mitigate the CF factor in other professions. While multitudes of papers have been written on compassion fatigue and nursing, social work, and first responders, only recently has compassion fatigue research expanded to other fields such as lawyers, insurance claims adjusters, and educators.

Compassion Fatigue

The term ‘compassion fatigue’ is often found in literature from fields describing how caregivers deal with traumatic stress and emotional burdens presented by their clients, e.g. social work, psychology, bereavement specialists, caretakers and medical professionals. The same terms can be applied, and similar consequences can be found in educators who are working with and for vulnerable student populations. The term *Compassion Fatigue* (CF) was first used in 1992 by Joinson while researching burn out among emergency room nurses as a way to lessen the harsher-sounding Secondary Traumatic Stress (STS), which, at the time, was a contested condition. The term Compassion Fatigue took some time to become part of the vernacular (Coetzee & Laschinger, 2017). CF went without a concrete definition for a number of years, but it was adopted by a number of caregiver professionals for the same reason that Joinson coined the term (Coetzee & Klopper, 2010). In 1992, Figley created the first version of the “Compassion Fatigue Self-Test” (CFST), which was originally designed to only measure job burnout and compassion satisfaction (Figley, 1992). It was updated by

Figley and Stamm in 1993, to include measuring 3 components (Compassion Satisfaction, Burnout, and Secondary Traumatic Stress), the test was renamed the Professional Quality of Life Scale (ProQOL) where it continues to be successfully utilized in multiple disciplines (Stamm, 2010). In its current form, it has been translated into multiple languages and is used worldwide for various purposes. However, with the absence of core concepts and a concrete definition, Compassion Fatigue began to be questioned. In 2006 a more explicit and concrete definition was developed (Coetzee & Laschinger, 2017), using Figley's (1995) definition of secondary traumatic stress as the basis— "the stress resulting from helping or wanting to help a traumatized or suffering person" (p.7). Figley posited that the symptoms of secondary traumatic stress are almost identical to post traumatic stress. With secondary traumatic stress, the exposure to the trauma is indirect and when only dealing with a small number of people, the symptoms are slight and often overlooked; however, when dealing with a large number of people in a vulnerable state, the symptoms become more evident. According to Bride, Radley, and Figley (2007), even indirect exposure to trauma events poses a risk to the clinician helping. Hence, CF has been overlooked in many areas.

Therefore, for the purposes of this research, compassion fatigue in education is defined as: the educator's disengagement or inability to engage with students due to the negative impact of consistent secondary exposure to traumatic events.

Other terms have existed in a variety of fields, and had been used interchangeably, until the concrete definition of Compassion Fatigue had been accepted. Terms such as compassion stress, and vicarious traumatization, were some of the most often used terms. These terms and definitions found in Table 2 continue to be utilized

when talking about trauma research as examples of changing definitions within various fields, all surrounding the idea of compassion fatigue.

Table 2

Terms and Definitions

Term	Definition	Source
Compassion Fatigue	“the caregiver’s disengagement or inability to engage with patients due to the negative impact of consistent secondary exposure to traumatic events.”	Charles Figley (2002, p. 1435)
Secondary Traumatic Stress	“the emotional duress that results when an individual hears about the firsthand trauma experiences of another.”	The National Child Traumatic Stress Network (n.d.)
Post-Traumatic Stress	“a condition of persistent mental and emotional stress occurring as a result of injury or severe psychological shock, typically involving disturbance of sleep and constant vivid recall of the experience, with dulled responses to others and to the outside world.”	Oxford University Press (2019)
Vicarious Traumatization	“the emotional residue of exposure that counselors have from working with people as they are hearing their trauma stories and become witnesses to the pain, fear, and terror that trauma survivors have endured.”	American Counseling Association (n.d.)

Symptoms of compassion fatigue include low concentration, a feeling of powerlessness, blame for oneself for not being enough, blame for oneself for not being able to reach students, decreased sense of accomplishment, and reduced empathy for students. Physical symptoms can include depression, withdrawal and isolation, hypervigilance, irritation, loss of motivation, emotional exhaustion, and impatience (Coetzee & Laschinger, 2017; Figley, 2002). It is important to note that compassion fatigue is something that can happen quickly; however more frequently CF develops over time and is often cyclical in nature. People who suffer from compassion fatigue will often give up the things that have been helpful in terms of self-care (i.e. going to the gym, hiking on weekends, going out with friends, having lunch with colleagues, etc.) in an attempt to find more time to put towards work because often that is the first conclusion that they come to, they are not working hard enough or devoting enough time.

Figure 2, illustrates the trauma exposure cycle educators of vulnerable student populations are exposed to which can lead to Compassion Fatigue. The cycle first begins with exposure to the student trauma. Does the educator have access to resources? If yes, and those resources are properly utilized (as defined individually) the educator has empathy and compassionate care towards the student, and the educator understands the choices made are the student's responsibility, which also means the educator is practicing compassionate detachment and working with the student in a way where the student is making his or her own choices without the educator becoming personally involved. This leads to more positive interactions between the parties involved, where the educator would feel more compassion satisfaction. If the educator does not have

access to resources or does not utilize resources provided to them, the educator could begin to place blame on themselves for not being able to ‘help’ the student, which could lead to the educator withdrawing from things they enjoy to give more time to the issue or issues, therefore leading to negative interactions between student and educator. Once this occurs the educator will begin to feel compassion stress, chronic stress, and ultimately compassion fatigue.

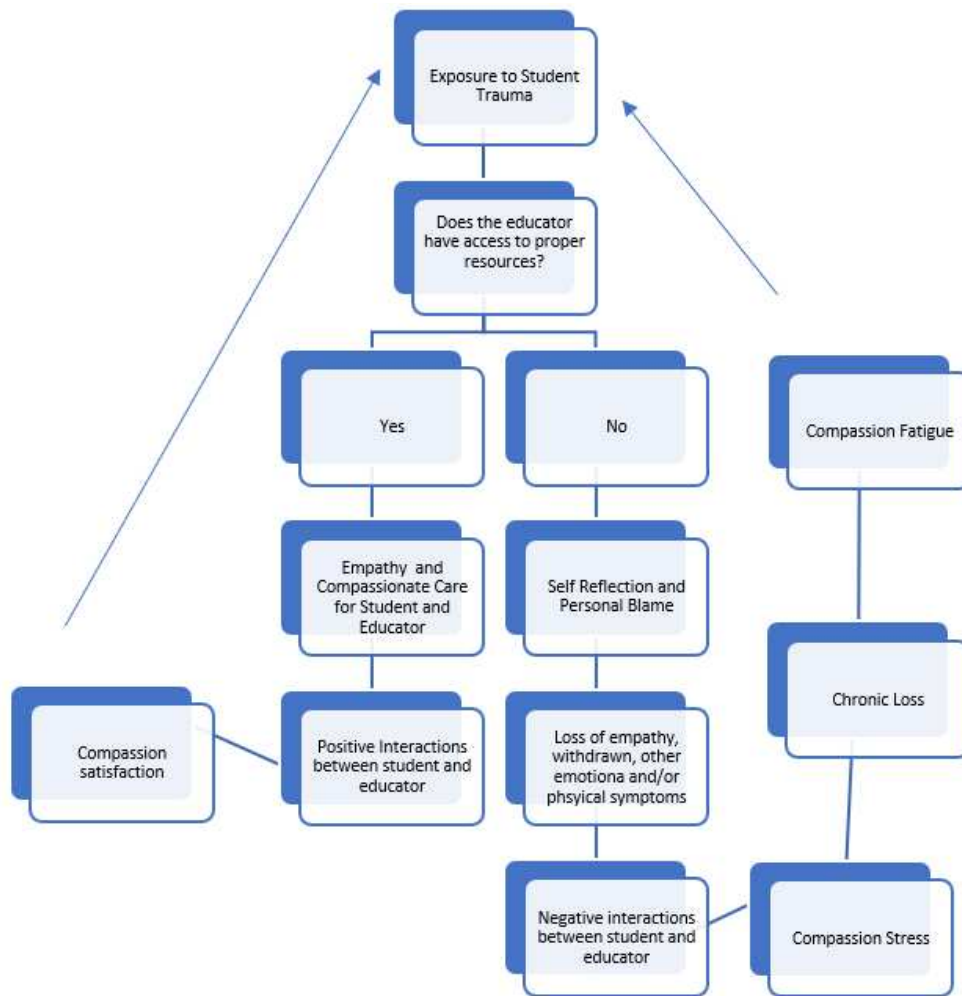


Figure 2. Trauma exposure cycle for educators.

The statements found within the literature, “therapist” or “caregiver,” could be replaced with “educator,” and, “patient,” could be replaced with “student,” suggesting the compassion fatigue, secondary traumatic stress, or vicarious trauma in relation to higher education

Healthcare professionals, specifically therapists working directly with patients and providing services to traumatized populations, are exposed to experiences and events through the lives of their students. (Ting, Jacobson, Sanders, Bride, and Harrington, 2008, p. 178)

Figley (1999, 2002) notes that compassion fatigue is also a reaction from indirect exposure to a traumatic event. However, compassion fatigue develops as a result of the therapist's own empathy towards a traumatized patient in addition to the caregiver's own secondary experience of the traumatic material. (p. 179)

Within the above statements, "therapist" or "caregiver," could be replaced with "educator," and, "patient," could be replaced with "student," suggesting the compassion fatigue, secondary traumatic stress, or vicarious trauma in relation to higher education.

The compassion fatigue cycle begins with being exposed to student trauma indirectly through journals or even talking to students, one-on-one. If the educator has access to the proper resources, there is continued empathy and compassionate care, which leads to more positive interactions between that student and the educator. If not, the educators often place blame on themselves, which can lead to feelings of hopelessness and loss of empathy, which then leads to negative interactions between the educator and students, causing stress and feelings of chronic loss, which ultimately leads to some feelings of compassion fatigue before the cycle starts all over again with the next student.

In 2017, Ludick and Figley introduced compassion fatigue resilience (CFR), a model offering nine theoretical stipulations which lay the groundwork for the CFR model. With these nine stipulations, Ludick and Figley (2017) highlighted four variables they felt are crucial to understanding CF, "1.) exposure to suffering, 2.) empathetic concern, 3.) empathic ability that accounts for the quality/quantity of the 4.) empathic response" (p. 113).

The model of compassion fatigue resilience proposed by Ludick and Figley (2017) is adapted in Figure 3. Where the educator's empathic response is directly related to their empathic ability, one must have the ability to have empathy in order to respond in an empathic way to students. Empathic response is affected by exposure to student trauma and concern for students, meaning the educator may begin to feel the effects of secondary traumatic stress (STS). STS can be compounded by prolonged exposure to student trauma and/or more than one student's trauma, past personal trauma, and their own life outside of the classroom. However, if the educator in question is: practicing self-care, which includes prioritizing themselves and their lives outside of work, seeking out help when things become overwhelming with students; has job satisfaction, enjoys the work that they do on a daily basis; has a social support network, small group meetings to talk openly with others that may be experiencing or have experienced similar exposure to student trauma; and is utilizing compassionate detachment techniques in which the educator is creating space between their home life and their work life, the educator can have and/or gain Compassion Fatigue Resilience (CFR).

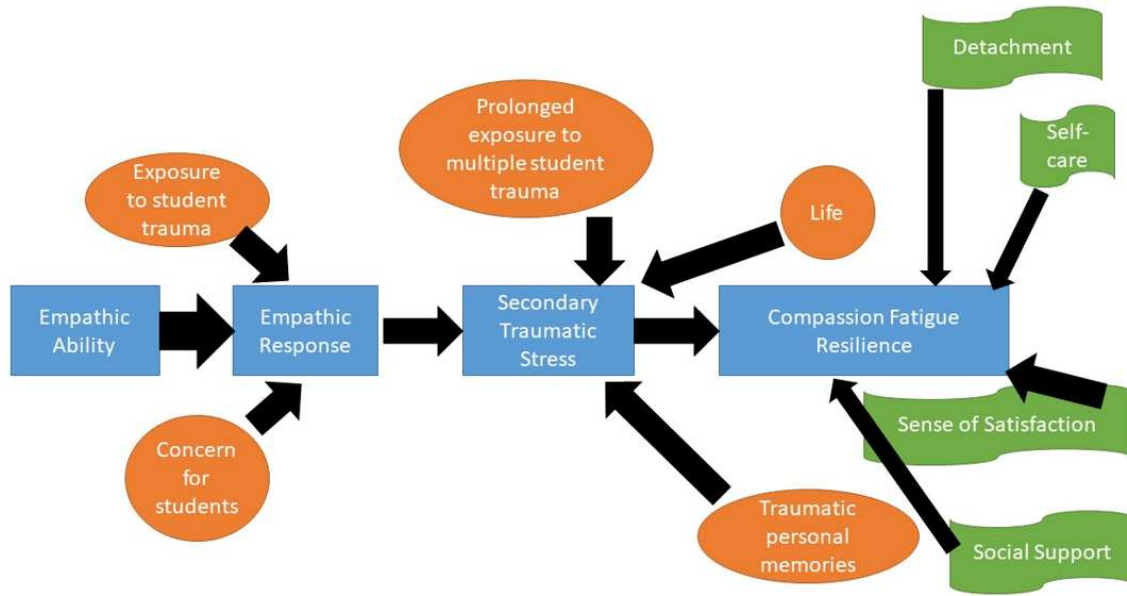


Figure 3. Adaptation of compassion fatigue resilience.

Summary of Literature

The research on Compassion Fatigue and Compassion Fatigue Resilience has been focused, up to this point, on other ‘helping’ careers, with little to no focus linking education to compassion fatigue. Within the education field, however, there has been research on related topics such as; emotional distress, working with traumatized students, student resilience, and faculty burnout. Continued research on Compassion Fatigue and the Compassion Fatigue Resilience specifically focusing on education both in the K-12 setting and in higher education is needed.

CHAPTER 3

Methods

Chapter 3 presents the methodology for this study. This chapter begins by presenting, briefly, the problem of practice as related to this study. Next is an outline of the setting and participants, followed by a discussion of the intervention, including a brief overview of the online training. Finally, this chapter presents issues related to reliability, limitations, and validity.

Problem of Practice

The purpose of this study is to examine the extent to which the faculty and staff, both full and part time, exhibit Compassion Fatigue as measured by a score on the Professional Quality of Life Scale (ProQOL) (see the Appendices), and to determine if a support training program would influence the ProQOL scores.

The participants invited to engage with the study included all part-time and full-time instructors and administrators of the program. Anyone who taught at least one course in the Success Courses program was invited to participate within the study. These instructors' and administrators' educational levels range from master's degree to PhDs, with backgrounds as various as education, art therapy, psychology, athletics, English, and history. Participants were recruited during the Fall of 2018 via email and again in person. All participants were able to opt out of the study at any point, and all responses are anonymous within the analysis of this study.

Role of the Researcher

As the researcher for this study, I also am an Instructor for Success Courses. I have been teaching with the department since the Spring of 2012 (part-time) before transitioning to a full-time instructor role in the Fall of 2013. As a full-time instructor at ASU, I teach a 12-credit course load per semester, which can yield a student load of up to 240 students per semester. I have multiple opportunities for further involvement within the department, including curriculum development, technology redevelopment, study abroad opportunities, and hiring committees.

For the purposes of this study, I developed the demographic questions, converted the ProQOL into an online survey, developed the online training module, and facilitated the anonymous survey at the end of the semester.

Innovation

This innovation took place during the second half of the Fall of 2018 and consisted of four parts: ProQOL Pre-Test, Training Support, ProQOL Post-Test, and an anonymous online survey. This research began with the implementation of the Professional Quality of Life Scale (ProQOL) in October of 2018. The ProQOL measures three responses to the work environment: Compassion Satisfaction, Burnout, and Secondary Traumatic Stress. The ProQOL was deployed approximately after the mid-point in the semester, specifically chosen since, in the past, this is where faculty and staff begin to report feeling fatigue. Participants had no formal training on any of the concepts of this survey or the training support that was created; any knowledge the participants had was knowledge the participants had prior to the innovation. The data from the pre-test survey was analyzed for comparison with post survey data.

Online support training module consisted of creating the knowledge base of compassion fatigue, recognizing compassion fatigue, ways to combat compassion fatigue, and learning the art of compassionate detachment. The online modules were available to all participants once they complete the ProQOL Pre-Test. The online training support had four main modules. Each module contained a knowledge portion (e.g. readings and videos), an activity the participants completed, and a basic assessment of the modules' content before moving to the next module. (See Appendix H for outline of innovation modules)

Module 1: Knowledge Base for CF

The first training module focused on creating a base of knowledge for all participants. In this module, participants were introduced to the terminology surrounding compassion fatigue. This module briefly outlined the research that has been done on CF in other 'helping' career fields. The goal of this module was to have the participants engage the concept of CF, while viewing it through their own lives and careers. This module defined compassion fatigue within education, outlined the costs of caring, and discussed the risks and rewards within the educational context of higher education. When participants completed this module, they were able to define compassion fatigue, understand the premise of CF how it can affect individual lives and careers, and understand the difference between burnout and CF. This module ended with an activity asking the participants to discuss where they see this relevant to their own lives and careers.

Module 2: Recognizing CF

The second module continued to build upon the knowledge gained within Module 1 by having the participants learn to recognize compassion fatigue in themselves and in others. This module also defined what self-care as a practice looks like and dispel some of the pop-culture references to self-care that participants might find elsewhere. This included signs and symptoms, two types of assessments, targets for intervention, and prevention. This module's focus was on linking the gained knowledge about compassion fatigue from Module 1 to the individual participants. This module focused on the participants' experiences within higher education. The researcher asked participants to answer specific questions, in a discussion board forum, surrounding topics of issues that may have led to burnout and/or CF. Participants created a detailed self-care plan at the end of this module, with one-month, three-month and six-month care goals.

Module 3: Practicing Compassionate Detachment

The third module had participants focus on how to successfully practice compassionate detachment as a form of self-care. Compassionate detachment techniques include creating structure for the participant to allow space between work and home life. This module also had check-in assignments within a discussion board structure. Participants were asked to monitor their progress regarding the self-care plan participants created in module two to monitor progress. This module utilized the discussion board feature to allow for participants to speak more openly, if they choose, about issues surrounding CF. More importantly, it allowed other participants to see they were not alone in dealing with CF.

Module 4: Post-Test and Resources

The fourth and final module in this training support had the participants retake the Pro-QOL at the end of the semester.

Each module had a handful of quick and easy to digest readings surrounding the specific module topic, as well as specific exercises within each module to help identify issues as participants were taking the training. Once the modules had been completed, the participants took an online anonymous survey that specifically targeted the online support training and improvements that can be made for possible iterations of this study in the future.

Research Plan

This action research project contained a sequential mixed methods design. The Professional Quality of Life Scale (ProQOL) was utilized in a pre/post-test (see Appendix B). A mixed-methods approach to this research allowed this researcher to collect qualitative and quantitative data that could be used to enhance the department's training program. According to Creswell (2015), this approach allows the researcher to implement a simple-to-understand-and-follow research project that uses qualitative data to support and potentially describe the quantitative results. This method of research is regularly found in mixed-methods research as it allows the researcher to measure changes that occur as the study moves forward (Creswell & Plano, 2007).

Quantitative Data Collection and Analysis

ProQOL

This study used the Professional Quality of Life Scale (ProQOL) as the measure for the quantitative data collection. Within the survey, participants are asked to rate 30 questions on a 1-5 Likert scale, where 1=Never, 2=Rarely, 3=Sometimes, 4=Often,

5=Very Often. This survey has its own manual for use, ensuring that any researcher who utilizes this survey maintains its integrity (for a scoring matrix, please see Appendix C).

The ProQOL is self-rated and has three sections for scoring participants: compassion satisfaction, which is about the pleasure participants take from their jobs; burnout, an element of compassion fatigue, where participants might find feelings of hopelessness towards the larger institution; and Secondary Traumatic Stress (STS), the participants' secondary exposure to traumatic events (Stamm, 2010). The ProQOL used in this research added demographic details that included identifying whether the participants were full or part-time, how long they had been teaching within the program, as well as specific questions about job satisfaction in the part-times participants full time appointments.

When participants responded to the pretest they were asked to create a unique four-digit identifier that would protect their anonymity while allowing direct comparison of the pre/post test results. Analysis of these quantitative results was used to test the hypothesis that with the addition of the training support, participant's scores will have changed for the better. Participants who had taken the pre-test were asked to complete the post-test regardless of whether they took part in the online support training that was available to all participants. Within this research the pretest had an n=14 whereas the post-test had an n=8. The online support module had an n=6 participants, and finally the support training survey had an n=5.

Qualitative Data Collection and Analysis

Participants who completed the pre-test ProQOL were invited to participate within the online support training. The only requirement was that the participants completed the pretest prior to entering the online support training, as the pre-test served as a baseline score in which to compare the post-test, for those who participated throughout the entire research study. Six instructors agreed to participate within the online support training module. The online support training participants were asked to engage in discussion posts that asked about student traumas that have left lasting impressions, self-care routines, and plans for future intentional self-care plans. The five participants who completed the online support training completed a survey with nine opened ended questions intended to provide feedback for the online training component. (see Appendix E). The intent surrounding the survey was to discuss the online training support. This researcher was looking for feedback that helped reveal weaknesses within the initial training that can be improved upon utilizing relation agency from within the participants engagement. This anonymous survey served as a way to glean more in-depth information from the participants regarding what they or others might need from training moving forward. The results from the discussion posts were first coded to overarching topics to determine the categories of codes, during the second round they were coded again using axial coding for any arising nuanced topics.

Validity

The Professional Quality of Life Scale (ProQOL) was chosen for this action research project because it has a long history of use within trauma research and has been utilized hundreds of times within first responder/medical professional research. Due to the amount of times it has been utilized the threats to validity surrounding the actual test

are minimal. However, there is the issue of testing sensitization from the pre/post-test model (Smith & Glass, 1987), as most participants took both tests within an 8-week time frame. The number of participants is also a threat to validity as the pretest had an $n=14$ for the pre-test and an $n=8$ for the post-test. The validity for the online training support and survey has not been established.

CHAPTER 4

Data Analysis and Results

Results are presented in two sections. The first section presents the results of the quantitative portion, which includes data sets from the ProQOL surveys. The second section presents the qualitative results from the online support training and the support training specific survey,

Quantitative Results

The quantitative results of this study answer RQ 1: To what extent is compassion fatigue present among the faculty members within the Success Courses department as measured by Professional Quality of Life Scale (ProQOL) scores?

- To what extent is compassion fatigue and its measurable components present within the participants?
- Is there a measurable difference in compassion fatigue among faculty with different appointments; part-time (Faculty Associates and Academic Professionals) and full-time (Instructors and Lecturers)?
- What difference, if any, was there in the scores between pre-tests and post-tests for participants?

Participant responses for qualitative data were gained through use of the Professional Quality of Life Scale (ProQOL). The current version of the ProQOL is provided in Appendix B. Within the current version of the ProQOL participants are asked to assess their last 30 days and were directed to:

Please read each statement and then indicate the frequency that the statement was true for you in the Fall 2018 semester, up to November 1st, by clicking the corresponding number next to the statement. Please note that the word “help”

can be a current or former student or a group of students with whom you have been engaged in a helping relationship. The word “helper” can be an educator or administrator who works directly with the students.

Fourteen participants (four male and 10 female) took the ProQOL pre-test. Nine were full time and five were part time faculty members. Eleven participants reported they had been teaching (in general) for a total more than seven years. When asked how many years they had been teaching with the Success Courses Department, only one participant reported that this was their first year, with the majority of the participants reporting that they had taught within the department for 1-7 years, with the average length of time approximately 5 years.

Using the prescribed formula of the ProQOL, answers to the 30 questions yield scores in three categories: The Compassion Satisfaction Scale, which measures compassion in regard to satisfaction with the participants specific job; the Burnout Scale, which measures compassion in regard to the infrastructures as part of the larger institution; and the Secondary Traumatic Stress Scale, which measures participants compassion in regard to being exposed to secondary trauma. The ProQOL scale measures every item using Table 3.

Table 3

ProQOL Scale Definitions

The sum of my questions	My Level of Compassion Satisfaction/ Burnout/ STS
22 or less	Low
Between 23 and 41	Average
42 or more	High

Following the instructions of the ProQOL, Table 4 illustrates the participants' scores.

Table 4

Pre-Test Scores Overall

Scale	Mean	Yield
Compassion Satisfaction	42.64	High
Burnout	21.28	Low
Secondary Traumatic Stress	21.21	Low

This indicates that respondents rated slightly above average for the Compassion Satisfaction Scale. Respondents' mean scores also show a low burnout score, (less than 22) and low Secondary Traumatic Stress levels (less than 22). Although mean scores are in the low range for Burnout and STS, they are still higher than what may be expected, as described in the aggregate statistics as described within the ProQOL Manual. This means that while the scores of participants are considered low by the

standards of measurement, they are also right on the border of that measurement.
(ProQOL Manual).

Part-time faculty members had a slightly lower rate of Compassion Satisfaction, a lower rate of burnout and lower rate of Secondary Traumatic Stress than full time faculty, as shown in *Pre-test Results for Full-time Appointments Table 5* and *Pre-test Part-time Appointment Scores Table 6*. This data set answers research question 1c, determining if there was measurable difference in compassion fatigue among full and part time faculty.

Table 5

Pre-Test Full-Time Appointment Scores

Scale	Mean	Yield
Compassion Satisfaction	42.78	High
Burnout	21.56	Low
Secondary Traumatic Stress	21.56	Low

Table 6

Pre-Test Part-Time Appointment Scores

Scale	Mean	Yield	Difference in Means *
Compassion Satisfaction	42.40	High	-.38
Burnout	20.80	Low	-.76
Secondary Traumatic Stress	20.60	Low	-.96

Difference in means is the calculated difference between the means of full-time instructors as compared to part time instructors

The three segments from the ProQOL are intended to be considered together when determining compassion fatigue. Scores from one segment, when viewed alone, may only indicate the presence of difficult or trying situations. If a participant was to report low compassion satisfaction, high burnout, and high secondary traumatic stress levels, or any combination of the 3, it would indicate that the participant is experiencing compassion fatigue. Considering the 14 participant scores overall, as shown in *Breakdown of participant yields* Table 7, there were no immediate causes for concern. None of the participants reported a low level of compassion satisfaction, nor did any of the participants report a high level of burnout or secondary traumatic stress, which would indicate the need for timely intervention if participants reported problems in either of those areas. These results specifically answer research question 1.

Quantitative results show that there is no measurable compassion fatigue present among the faculty members within the Success Courses department. Participants were asked to report on their job fulfillment using a five-point Likert scale, with 1 being *Never* and 5 being *Very Often*. Participants who worked full-time within the department reported a job fulfillment rate of 4.5. Part-time participants were asked to report job fulfillment in two parts: to rate their job fulfillment within their full-time appointments, and second, to rate their job fulfillment with their work in the Success Courses Department. Part-time participants reported a mean for full-time job fulfillment at 2.6, but a job fulfillment mean of 4.2 for Success Courses.

Table 7

Breakdown of Participant Yields

Compassion Level	Compassion Satisfaction	Burnout	Secondary Traumatic Stress
High	8	0	0
Average	6	6	5
Low	0	8	9

Post-Test Results

The ProQOL was administered again at the end of the fall 2018 semester, with respondents again being asked to rate their scores based on the time in between the pre-test and the post-test. Respondents were asked to complete the post-test prior to leaving for winter break.

Table 8

Post-Test Scores Overall

Scale	Mean	Yield
Compassion Satisfaction	42.37	High
Burnout	21.50	Low
Secondary Traumatic Stress	23.00	Average

Post-test Scores Overall Table 8 indicates that at the time of Post-test, respondents again rated high, but slightly above average for the Compassion Satisfaction Scale. Respondents' mean scores indicate a low burnout score, (21.5), but Secondary Traumatic Stress rose slightly (23). which shows respondents were experiencing an average secondary traumatic stress level.

Pre/Post-Test Comparison

Table 9 shows the individual changes between pre-test and post-test scores from the eight participants. Three scores increased in compassion satisfaction, three scores showed decreases in burnout and STS, two scores increased in burnout, and three scores increased in STS.

Table 9

Pre/Post Score Changes

	No Change	Average to low	Low to Average	High- >Average	Average to high
Compassion Satisfaction	5			1	2
Burnout	3	3	2		
Secondary Traumatic Stress	2	3	3		

Means and Standard Deviations for Pre and Post Test Table 10 and *Raw data from pre and post ProQOL* Table 11 display the raw data scores between the pre and posttests correlated using the participants unique 4-digit identification numbers. Of the 8

participants: 4 increased their compassion satisfaction, 1 had no change, and 3 reported having less compassion satisfaction; 4 reported having lower levels of burnout, while the other 4 showed increases in their burnout scores; and finally, in regard to secondary traumatic stress 3 participants reported lower scores, while 5 reported higher scores in this area. Further studies that could follow more participants throughout the entirety of the semester could yield a more robust data set in which to analyze.

Table 10

Means and Standard Deviations for Pre and Post Test

	Pre-test mean	Post-test mean	Difference	Standard Deviation	<i>t</i> -score	<i>p</i> value
Compassion Satisfaction	42.64	42.37	-0.27	4.22	0.72	0.36
Burnout	21.28	21.5	0.22	4.16	0.33	0.16
STS	21.21	20.6	-0.61	5.39	0.93	0.46

Using a P value of $P > 0.05$, the differences between pre and posttest administrations of the ProLOQ were in not significant in any of the 3 categories. However, some individuals' test scores varied greatly between the two tests. As shown in table 11, participant H increased the compassion satisfaction score by 8 points, participant G lowered the burnout score by 9 points, both of which are positive outcomes. Participant D reported burnout scores increased, which individually is not

cause for concern, but it is something that should be watched in case it continues to increase. These results answer research question 1b, determining if there was there a difference in the scores between pre and post tests for participants, the data indicates that there was a small drop in compassion satisfaction, a nominal increase in burnout, and a drop in STS. The slight difference in scores between the pre and post tests indicate that in the time frame that this research was conducted there was no difference.

Table 11

Raw Data From Pre and Post ProQOL

Participant	Compassion Satisfaction			Burnout			STS		
	Pre	Post	Difference	Pre	Post	Difference	Pre	Post	Difference
A	36	39	3	24	21	-3	19	25	6
B	46	45	-3	22	15	-6	22	15	-7
C	42	48	6	26	15	-9	24	21	-3
D	39	42	3	18	27	9	21	25	4
E	40	40		24	25	1	22	23	1
F	48	45	-3	17	22	5	14	21	7
G	47	37	-10	28	19	-9	34	22	-12
H	35	43	8	24	28	4	24	32	8

While the ProQOL very specifically states it is not a diagnostic tool, what the ProQOL can do, through the scores, allow insight into what may be going on. Ideally participants would have a high compassion satisfaction score, this indicates participants ‘like’ their

job. Whereas, participants would ideally have a low burnout score and STS score, this would indicate they are not experiencing job burnout nor are they experiencing a high level of STS exposure. It is important to note compassion satisfaction specifically refers to the participants specific role or job function, whereas burnout refers to the overarching job structure, for example a participant can love their role within an institution (compassion satisfaction), and at the same time have issues with the institutions policies, dynamic, etc. (burnout). Having a high burnout or STS score, by itself, may only indicate distress surrounding a certain and specific issue, and would not be cause for concern. If a participant were to have a low compassion satisfaction score **and** high burnout **and** STS scores, this may be cause for concern as it can indicate the participants are experiencing CF.

Participants were also asked to report on their job fulfillment using a 5-point Likert scale, with 1 being Never and 5 being Very Often. Participants who worked fulltime within the department reported a job fulfillment rate of 4.5. Part time participants were asked to report job fulfillment in two parts; to rate their job fulfillment within their full-time appointments, and second, to rate their job fulfillment with their work in the Success Courses Department. Part-time participants reported a mean for full-time job fulfillment at 2.6, but a job fulfillment mean of 4.2 for Success Courses. The data indicates that the full-time instructors are more fulfilled with their roles, whereas the part time instructors are not fulfilled within their current full-time positions outside of the Success Courses department. This may indicate the beginnings of compassion fatigue as the first measure within the ProQOL determines compassion

satisfaction (i.e. job satisfaction). Further research would be needed to determine the extent of CF specifically within the part time faculty.

Qualitative Results

Qualitative results were compiled from the online support training and the online anonymous survey requesting feedback. These results were used to answer research question two:

To what extent do the participants in the focus group perceive that the training support increased their understanding of compassion fatigue?

- a. What elements of the training program did the participants report as being effective towards their understanding of self-care?
- b. What elements of the training program did the participants report as needing more attention?

Participant responses to the online training and the survey described benefits and offered suggestions. Responses also highlighted the effect of participants' exposure to student trauma revealed through assignments in the curriculum that encouraged students to detail barriers to academic success they were facing.

Qualitative Results

Qualitative results were compiled from the online support training and the online anonymous survey requesting feedback. These results were used to answer research question two:

To what extent do the participants in the focus group perceive that the training support increased their understanding of compassion fatigue?

- c. What elements of the training program did the participants report as being effective towards their understanding of self-care?
- d. What elements of the training program did the participants report as needing more attention?

Participant responses to the online training and the survey described benefits and offered suggestions. Responses also highlighted the effect of participants' exposure to student trauma revealed through assignments in the curriculum that encouraged students to detail barriers to academic success they were facing.

Online Support

Participants were asked to take part in the discussion question on a volunteer basis. A total of six participants participated in at least one discussion topic in the online platform.

Discussion Questions

Question 1. "What was a student trauma that stuck with you? How long did it take for you to realize that you couldn't seem to let it go? How were you able to start letting it go? How long did it take? What did you learn from the experience?"

Of the six respondents, three indicated student reports of sexual assault, two indicated grief over loss of life (one concerning a personal trauma, the other in regard to a student that was dealing with the loss of a loved one), and one indicated student health problems. Two of the participants who described their reactions to student reports of sexual assault also indicated that they had to implement different coping strategies in order to be able to let it go. All respondents to this question also mentioned work/life

balance and trying to get a better hold of it in their own lives as a way to better cope.

Exemplars include,

One of my previous student's disclosed a previous sexual assault to me. It was at work and she believed that the person who assaulted her was taking advantage of other women, mostly minors and through conversation and reflection wanted to make sure that the perpetrator was appropriately dealt with. I actually don't think I had a problem letting it go, but it was an ongoing conversation throughout the semester because of the timeline of her getting the help she needed. I learned that my position and the class are quite important in helping students reflect on their own needs, but it also brings up the idea that there are SO many other people who need similar support and they might not be being reached. That is probably the idea that I can't let go of.

Many years ago, a female student contacted me to tell me she was leaving school immediately and going home to the Midwest. She shared that she had been at the police station all day because she had been roofied at a party the night before and had been sexually assaulted. As we talked, she mentioned that it had happened *precisely* as I described such scenarios happening in a prior class discussion, and that hit me hard. One, because it felt like ugly prophecy at that moment, and two, because there was no worse way of being right. The anguish I felt for her, and the anger I felt at the perpetrator lingered for a long time, and I wound up needing to talk about it with someone else in order to get myself through it.

Student disclosed being sexually assaulted. I was watching TV hours later and couldn't focus because the student's disclosure kept coming back to the forefront of my mind. I didn't really start the process of letting go until the following day. And I'd argue I didn't truly let go until after the student came to class the following week. I learned that even with my past experiences dealing with sexual assault victims I still react emotionally when finding out someone I know has been assaulted. On one hand this is a good thing (I'm not dead inside), but on the other I still need to process things a bit quicker to take better care of my own mental and physical health. I should have done something physical right away. This worked for me in the past.

Question 2. "What self-care tips have you learned from other people? How did you implement the self-care? What's a self-care tip that has worked for you? What's a self-care tip that you thought would work but didn't? Why?"

One respondent mentioned trying essential oils but "they just make me sneeze and I find it distracting". Another respondent shared "One of my students just taught me

a breathing technique called 4-7-8, you breathe in for 4 seconds, hold it for 7 and breathe out 8. He said it triggers something in a system of the brain to help relieve the symptoms of stress. I love it! My self-care involves walking my dogs in the morning and trying to do yoga. The yoga isn't as frequent because of my teaching schedule, but the dog walking always happens.” Yet another respondent stated,

I practiced compassionate detachment when student issues presented themselves. It has helped me find a balance. A self-care tip that was useful was to go for a walk or a bike ride. If I find myself thinking too much about an issue, I go for a walk and focus on the moment. Just let it go was not a useful strategy. When you care, pretending not to care isn't helpful.

Mindfulness practices, exercise, reading, making time for self and family were through lines throughout all of the respondent's responses.

Question 3. “The holidays are quickly approaching, what self-care plans will you be setting in motion to get through the season?”

Of all the responses that were given, time with family and friends was the response that was indicated the most. Exercise and detachment were also mentioned as the other top responses. Respondents stated,

- “Honestly, I am just happy the semester is almost over. It has been very difficult for a number of reasons and I am looking forward to being able to hit the reset button.”
- “Step 1: After debrief, prep courses for spring so I have the rest of the break to chill. Step 2: Spend time with friends, read, watch movies, play games; my brother's coming into town for a week so that'll be fun. Step 3: Focus on holiday-related family/friends' stuff. Throughout: pet cats, listen to music, spend quality time with partner.”

- “I will be putting on headphones and engaging in avoidance.”

Question 4. “What is something that you’ll change/add in regard to your current self-care plan for the spring? How are you going to hold yourself accountable to that self-care plan? If you’re adding something, what prompted you to add? If you’re changing something, what prompted the change?”

Time and accountability were the two themes that were highlighted. One respondent indicated “I am going to pay for my workouts and that will make me stay!” Another stated, “making gratitude journal and weights/light cardio routine.” Other respondents also indicated getting back to a routine of exercising as it made them feel better.

Throughout the qualitative portion of this research, it became clear that while the participants knew what they needed, they struggled to find the time to practice their own self-care. Balance was the theme that was most relevant throughout all of the questions posed and answered by participants.

Analysis

During analysis of the online support training it became evident by the participant statements that while they understood the concept of compassion fatigue self-care, they often did not participate within caring for themselves. One theme that stood out among the participant responses is that often the student trauma that they hear and/or read stay with them beyond the classroom and sometimes beyond the end of the semester. The results from the qualitative portion of the research directly answer research question 2a, which elements of the training program did the participants report as being effective towards their understanding of self-care.

Compassion Fatigue Support Feedback

Of the six individuals that participated within the online support training, five individuals responded to the anonymous survey. All survey questions were open ended allowing participants to write as much or as little as they wished. None of the questions were forced answer questions, therefore not all participants answered each question.

Participants were asked nine questions:

1. Please identify what you consider to be the strengths of the online training module and the professional development training.
2. Please identify area(s) where you think the online training module and the professional development training can be improved.
3. In what ways did your self-care change after the training, if at all?
4. In what ways did your teaching and communication change after taking the training?
5. Do you feel more prepared in teaching the department's vulnerable student population?
6. Do you feel more prepared for your next semester? How so?
7. What other measures do you feel the department could put in place to help combat compassion fatigue?
8. Are there specific things that you would add and/or subtract from the online modules? If so, could you please elaborate?
9. Are there specific things that you would add and/or subtract from the online modules? If so, could you please elaborate?

For questions one and two, respondents reported that they enjoyed the fact that it was an online support and therefore could access the support training as they needed and that they also found it not overwhelming. Respondents did state that they would like to see the support have more practical applications and practices with one respondent stating, “I would like to see this become a semester long project with specific weekly or biweekly check ins to remind me that I need to pay attention.”

Responses to question three displayed a higher level of awareness stating,

- “I don’t think my self-care changed as much as my ability to remember to practice more compassionate detachment.”
- I found that I was much more specific and intentional in what I did. Before I would set aside a few minutes to journal every now and again but it wasn’t regular. So, I forced myself to schedule time to sit and write every evening after I took a walk.”

Question four specifically asked about communication, while two of the respondents stated that there was no change in their communication, another respondent stated,

This semester I found myself more willing to open up about student issues I was having instead of keeping it to myself. Wow what a relief it was to find that so many others were seeing or had seen the issues that I was dealing with which helped me to feel more secure in what I was doing.

Questions five and six asked participants if they felt more prepared; respondents said that while they did feel more comfortable and felt stronger walking into next semester overall, they also stated:

- “I think I would need more practice and/or some repetition of the material to really feel that I was applying it and better prepared.”

- “I feel way better about teaching any class now. I also feel better about my ability to help students by helping myself”

Questions seven, eight, and nine asked the participants what more could be done and/or subtracted to improve the specific support training. Overall responses were positive, suggestions that were made included: making this a semester long training, having a different one geared towards new people and one for those that have been around, simplifying and adjusting for different audiences, and more time to complete the discussion boards.

Overall, participants expressed that they found the information and the delivery method to be favorable. While the quantitative data highlighted that the full-time staff and faculty were doing well, there is a difference in scores for those that work within the department part-time; further research would need to be completed to analyze this properly. Taking both the quantitative data and qualitative data together, the research shows that there is a need for more understanding of compassion fatigue and best practice to combat compassion fatigue when it does appear. The participants’ responses also highlight that while they knew what to do to combat their own compassion fatigue, often they had a hard time finding the time for much needed self-care.

The qualitative and quantitative data, taken together, indicate mixed results. While the quantitative results show that the department’s faculty and staff scored in acceptable ranges according the ProQOL scale, the qualitative results highlight the need for ongoing training and support. Overall, analysis of the Success Courses faculty and staff that participated within this portion of the study on compassion fatigue

measurements were all positive, with only minor new implementations needed for the next iteration of the study.

CHAPTER 5

Discussion, Implications, and Conclusion

The purpose of this action research study was to determine whether or not compassion fatigue was present among the faculty and staff of the Success Courses department. The intervention that was created was an online support training module, that was designed to allow participants to learn about and enhance their knowledge base on compassion fatigue, as well openly discuss via discussion board posts issues with student trauma and learn compassionate detachment techniques. This chapter presents the discussion of research findings, implications for future iterations of this research study, limitations of the study, lessons learned, and conclusion.

Explanation of Results

Overall, the research study aimed to provide an in depth understanding of compassion fatigue of teaching faculty within the Success Courses Department at Arizona State University. Complementarity in a mixed method research usually indicates the quantitative and qualitative data and results lead to the same conclusion. However, in this research, the data was not complementary. The quantitative data revealed none of the participants were experiencing compassion fatigue as measured by the ProQOL; however, the qualitative data revealed participants are exposed to student traumas, that can on occasion, have a lasting effect. Thus, while not being complementary to each data set, what this study revealed is that participants can still experience various levels of distress even when the scores indicate otherwise.

The department in which the participants came from is unique in regard to the makeup of faculty experience. The faculty does not all have the same academic

background, they come from K-12 and higher education, there is a mix of Master's and PhD's, and each individual brings their own unique research into the department. Due to this uniqueness, the department does extensive training at the start of every semester and hosts a progressive pedagogy series throughout the academic year in which faculty and staff are required to attend, which includes topics such as managing emotions, motivational interviewing, and other self-care topics. With this knowledge the researcher had expected that the quantitative portion of this research would not yield any outliers and/or drastic score movement. While it is evidenced in the qualitative data there is indeed student trauma being revealed to the faculty members via conversations, the students reveal more and in-depth accounts of their own trauma via their weekly journal exercises. Utilizing the journals as part of weekly exercises opens up and exposes the faculty to student trauma in greater detail as the semester progresses due to the level of trust that is gained between student and faculty. While this creates a relationship that is vital when working with vulnerable student populations, it could, without proper coping or compassionate detachment techniques, cause the instructor to experience signs of compassion fatigue.

However, even with the amount of training the Success Courses requires of its employees, there is still an element of compassion fatigue that should not be overlooked, time. Time is the most valuable commodity that humans have, there is no reset, there is no do-over. When students reveal trauma to their instructors, as evidenced by participants responses, it often stays with the instructor. Therefore, the instructor now must use more time in order to learn different coping techniques including but not limited to practicing compassionate detachment. While members of the Success

Courses Department are well versed in the current literature on student trauma and coping techniques, counselors or therapists who have been trained to deal with not only the traumas revealed, but also the sheer number of traumas that can potentially be revealed in one semester.

Discussion

The Success Courses department works with a vulnerable student population who comes from all walks of life, when coupled with the strategies used by the department to elicit engagement within the classroom and within the assignments which creates interesting dynamics between the students and their instructors. Students often report via course evaluations feeling more connected to the faculty and staff of the Success Courses department, that often no other instructor they had knew their name, let alone what may be causing them academic distress. The internal makeup of this department in regard to having faculty from various academic backgrounds, can help mitigate the effects of Compassion Fatigue, as there are faculty who have degrees in educational psychology and have focused on trauma research. However, it is also important to point out that in an average academic year, each member of the department teaches between 20-24 credit hours in the classroom, which carries a student population of 400-480 students in every academic year. Thus, the educator is potentially exposed to student traumas from 400-480 students every academic year.

Compassion Fatigue is an important issue educators are facing in the current educational environment. The student trauma that teacher/professors are exposed to through their students is vastly different in current climate due to funding cuts, classroom size, economic factors, and other 'life' variables that perhaps weren't as

prevalent in previous decades. Educators, specifically in a department that deals with vulnerable student populations, need to be prepared that they are, at some point, going to be exposed to trauma via their student interactions.

Research question 1 established a baseline for the level of compassion fatigue among both full and part time faculty members, with an additional insight into the difference in scores between the full and part time faculty members. Based on the quantitative scores from the ProQOL, the full-time faculty and staff members who participated within this research study do not currently experience compassion fatigue as defined by the ProQOL which is, “the negative aspects of providing care to those who have experienced extreme or traumatic stressors. These negative responses include feelings of being overwhelmed by the work that are distinguished from feelings of fear associated with the work” (ProQOL, 2010). However, further analysis of scores indicate the part-time faculty have a lower rate of compassion satisfaction, a higher rate of burnout, and a lower rate of secondary traumatic stress. This research also determined whether there was a difference between the pre and post test scores after participating in an online program addressing compassion fatigue. While there were individual participants whose scores changed, there was no significant difference between the scores for each of the ProQOL categories. Although there was no significant difference between pre and post test scores, the qualitative data tells more of the story, and highlight that STS and burnout play in the development of CF. These faculty members are compassionate, they care deeply about their students, and that care and compassion often allows space for STS to take root.

Research question two attempted to determine the effectiveness of the online support training. This question specifically looked at the extent in which understanding of compassion fatigue and compassionate detachment techniques were valuable to the participants. Through the anonymous survey participants were asked to complete, feedback was positive overall. Two participants specifically asked for more and a semester long time line with regular monthly either check-ins and/or journal prompts that would allow them to reflect on their own self-care. All participants reported the online support training helped to keep the issue of self-care in the front of their minds as opposed to being put off. Participants reported overall the online support training helped. While the quantitative numbers did not align with the indication that participants were experiencing compassion fatigue, their coping mechanisms would need further examination, as statements often conflicted with their scores.

Implications of this study suggest that the faculty training that the department requires, while valuable and necessary, may not be enough when working with vulnerable student populations. Further research would be needed to determine the role that the departments current training protocol is enough or if continued training specifically surrounding issues that can lead to compassion fatigue would be valuable. While it is valuable to allow the students the forum of journals to discuss the barriers that they are facing, what is it doing to the mental well-being of the instructors who are not trained psychologists or counselors?

Lessons Learned

Prior to this study, to my knowledge, there had been no published research into compassion fatigue in higher education. Through this research and interacting with

participants in the department, I was amazed at how the topic resonated with the faculty and staff. I was regularly told CF was something they didn't really think about and that self-care was often the last thing thought about at the end of the day. In passing conversations, I was consistently asked for further resources from participants. As part of department requirements, I was asked to lead a lecture and discussion in the Spring of 2019. The response I received after the lecture and discussion has reinvigorated my commitment to continue researching other faculty, administrators, advisors, and faculty associates in higher education. Throughout this research project timeline, I was able to witness the cyclical nature of the Compassion Fatigue Resilience model where a faculty member would be exposed to: students revealing trauma of some type, whether it was within the confines of a journal or during conversations with their instructor; and often the continued exposure to student trauma throughout the semester, whether it was the same student, different students, or simply more trauma. Individual faculty members would then seek out others to talk, discuss, and sometimes vent about some of the exposed traumas and find resilience by utilizing monthly "Coffee Clutches", the space of a shared office (6 faculty members), and reminders of self-care. While it often appeared members of the department knew what they needed to do in order to be successful, often they placed the needs of their students over their own.

Implications for Future Practice and Research

This study used a shortened timeframe, the last half of a semester, to introduce the concept of CF. For the next iteration, I would work with the staff in charge of creating the semester long training protocols, to make a much larger compassion fatigue online support module that would span the entirety of the semester. This iteration would

utilize the Professional Quality of Life Scale (ProQOL) as a quantitative measure, as it is a valid measurement of the data points that the department and university would be interested in viewing. Continuing to utilize the ProQOL will also allow further iterations of the study to be compared to other compassion fatigue studies that have been completed. From there, implications for practice could take this training into other departments to give their faculty members and staff more insight and awareness to their own reactions to student stressors and traumas, which would then indicate where support may be needed. This study may also be useful for K-12 faculty members to explore. This would entail working with local school districts to develop awareness among the teachers and staff on the three components of CF, compassion satisfaction, burnout, and secondary traumatic stress.

Threats and Limitations of Study

A limitation for this action research study was the number of participants. While there were 14 participants within the pre-ProQOL, there were only 8 participants who responded to the post-ProQOL. Of those 14 that completed the pre-test there were only 6 participants in the online support training, and 5 participants that took the final survey. At a maximum this study had 14 unique participants, whereas the department has more than 40 fulltime faculty, part time faculty, and staff members. Moving forward with potential future implications for this research would include department wide participation, via a training protocol that could follow participants throughout the entirety of the semester.

Design flaws were also another limitation to this study. The Pre-post is one potential indicator for improvement, having a longer amount of time between the tests

would limit testing fatigue. The short online information was is only of minimal use. Surveying regular contact opportunities (coffee clutches, shared office spaces, the informal Facebook group, etc.) throughout semester would produce more robust data. I as the researcher did not employ an effective and more assertive strategy in order to engage participants. While the timing of the study was chosen specifically in hindsight I believe this study would have yielded a more robust set of data had the research and innovation taken place over the entirety of the Fall 2018 semester.

Another limitation is the limited research on compassion fatigue in higher education. This limitation influenced the development of the training protocol, as there were no examples from which to emulate. More studies will need to be conducted in order to have comparatives between training protocols. Much of the research that is currently published on this topic generally surrounds first responders and people in the medical professions.

Conclusion

The timeframe in which this research study was conducted is an insufficient amount of time to understand what further support teaching faculty require in order adequately support the needs of ASU students. Understanding what compassion fatigue is and its symptoms are critical when dealing with vulnerable student populations, as it is easy to put students before oneself. Through the techniques that are taught by the department and implemented inside the classroom, the faculty are exposed to various student traumas.

This research study, did however, demonstrate the need for continued support moving forward with regard to examining instructor compassion fatigue when observing

the training requirements and protocol for teaching faculty. Teaching faculty continually provide an exceptional level of care, concern and attention to all students and maybe susceptible to compassion fatigue. Intentional training and development for teaching faculty must integrate elements of understanding compassion fatigue, as well as equipping teaching faculty with proper compassionate detachment techniques. While and increase in awareness and knowledge will be helpful, these potential problems with compassion fatigue cannot be solved with a simple training session. A greater understanding of needs and importance will be needed in order to move forward with future iterations and implementations.

This study sought to understand how faculty resiliency and compassion towards these vulnerable student populations affect the individual. As one of the core tenets of the ASU charter, states in part, “ASU is a comprehensive public research university, measured not by whom it excludes, but rather by whom it includes and how they succeed...”, this centralizes the main point of this research study, that as an open access institution, the level of resources that are available to our faculty and staff need to prepare our faculty and staff to educate and cope with vulnerable student populations. As one colleague observes, “offering a place for all students to become anything they want or need to be gives them agency. This is the philosophy underlying its student-driven, staff supported engagement model; the university’s role as an institution is to provide the space and the resources to support the student experience, not determine it” (Reeves-Burton, not yet published, p. 153-154). As the university strives to be an open and welcoming place for all students, the university also needs to ensure the quality of care for its faculty and staff are on par with the care they are giving to their student

population. When a university opens its doors to the world, it needs to be prepared to deal with the problems of the world as well.

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APPENDIX A

PROFESSIONAL QUALITY OF LIFE SCALE (PROQOL).

Permission granted by author to reproduce scale and interpretation information from the Concise ProQOL Manual.

Reference

Stamm, B.H. (2010). The Concise ProQOL Manual. Pocatello, ID: ProQOL.org.

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Please read each statement and then indicate the frequency that the statement was true for you in the last semester you taught by clicking the corresponding number next to the statement. Please note that the word "help" can be a current or former student or a group of students with whom you have been engaged in a helping relationship. The word "helper" can be an educator or administrator who works directly with the students.

	Never (1)	Rarely (2)	Occasionally (3)	Often (4)	Very Often (5)
I am happy (1)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I am preoccupied with more than one person I [help] (2)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I get satisfaction from being able to [help] people. (3)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I feel connected to others. (4)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I feel connected to others. (5)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I feel invigorated after working with those I [help]. (6)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I find it difficult to separate my personal life from my life as a [helper] (7)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I am not as productive at work because I am losing sleep over traumatic experiences of a person I [help]. (8)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

I think that I might have been affected by the traumatic stress of those I [help]. (9)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I feel trapped by my job as a [helper]. (10)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Because of my [helping], I have felt "on edge" about various things. (11)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I like my work as a [helper]. (12)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I feel depressed because of the traumatic experiences of the people I [help]. (13)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I feel as though I am experiencing the trauma of someone I have [helped]. (14)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I have beliefs that sustain me. (15)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I am pleased with how I am able to keep up with [helping] techniques and protocols. (16)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I am the person I always wanted to be. (17)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

My work makes me feel satisfied. (18)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I feel worn out because of my work as a [helper]. (19)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I have happy thoughts and feelings about those I [help] and how I could help them. (20)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I feel overwhelmed because my case [work] load seems endless. (21)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I believe I can make a difference through my work. (22)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I avoid certain activities or situations because they remind me of frightening experiences of the people I [help]. (23)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I avoid certain activities or situations because they remind me of frightening experiences of the people I [help]. (24)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

As a result of
my [helping], I
have intrusive,
frightening
thoughts. (25)

☐☐☐☐☐

I feel "bogged
down" by the
system. (26)

☐☐☐☐☐

I have thoughts
that I am a
"success" as a
[helper]. (27)

☐☐☐☐☐

I can't recall
important parts
of my work
with trauma
victims. (28)

☐☐☐☐☐

I am a very
caring person.
(29)

☐☐☐☐☐

I am happy that
I chose to do
this work. (30)

☐☐☐☐☐

Please choose a 4-digit code unique to you that you can remember (example: the last 4-digits of your phone number). Please note that this number is a simple identifier that will be used to compare results from the surveys.

Q 31 Gender

- ☐ Female (1)
- ☐ Male (2)
- ☐ Non-binary/ third gender (3)
- ☐ Prefer to self-describe (4)
- ☐ Prefer not to say (5)

Q 32 How many years have you taught?

- ☐ First year (1)
- ☐ 1-3 years (2)

- ☐ 3-5 years (3)
- ☐ 5-7 years (4)
- ☐ 7 or more years (5)

Q 33 How many years have you taught with this academic unit?

- ☐ First year (1)
- ☐ 1-3 years (2)
- ☐ 3-5 years (3)
- ☐ 5-7 years (4)
- ☐ 7 or more years (5)

Q 34 What course(s) do you teach in this department?

- ☐ UNI 110 (1)
- ☐ UNI 120/ASU 150 (2)
- ☐ UNI 194 (3)

☐ UNI 220 (4)

☐ ASU 151 (5)

Q 35 Are you full time or part time

☐ Full time (1)

☐ Part time (2)

Q 36 What is your highest degree?

☐ B.A/B.S (1)

☐ Masters (2)

☐ PhD/ EdD (3)

☐ Other (4)

The following questions will only be used on the Post Test

Q 37 Did you complete the online training on compassion fatigue?

☐ Yes (1)

☐ No (2)

Q 38 Did you attend the in-person training on compassion fatigue?

☐ Yes (1)

☐ No (2)

APPENDIX B

SCORING THE PROQOL

Permission granted by author to reproduce scale and interpretation information from the Concise ProQOL Manual.

Reference

Stamm, B.H. (2010). The Concise ProQOL Manual. Pocatello, ID: ProQOL.org.

Acknowledgements

I here provide acknowledgements for their faithful contributions to the development of the ProQOL go to Joseph M. Rudolph, Edward M. Varra, Kelly Davis, Debra Larsen, Craig Higson-Smith, Amy C. Hudnall, Henry E. Stamm, and to all those from around the world who contributed their raw data to the databank. I am forever indebted to Charles F. Figley who originated the scale, and in 1996, handed the scale off to me saying "I put a semicolon there; you take it and put a period at the end of the sentence." No one could have wished for a better mentor, colleague, and friend.

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Pages 28-30

YOUR SCORES ON THE PROQOL: PROFESSIONAL QUALITY OF LIFE SCREENING

Based on your responses, place your personal scores below. If you have any concerns, you should discuss them with a physical or mental health care professional.

Compassion Satisfaction

Compassion satisfaction is about the pleasure you derive from being able to do your work well. For example, you may feel like it is a pleasure to help others through your work. You may feel positively about your colleagues or your ability to contribute to the work setting or even the greater good of society. Higher scores on this scale represent a

greater satisfaction related to your ability to be an effective caregiver in your job. The average score is 50 (SD 10; alpha scale reliability .88). About 25% of people score higher than 57 and about 25% of people score below 43. If you are in the higher range, you probably derive a good deal of professional satisfaction from your position. If your scores are below 40, you may either find problems with your job, or there may be some other reason—for example, you might derive your satisfaction from activities other than your job.

Burnout

Most people have an intuitive idea of what burnout is. From the research perspective, burnout is one of the elements of Compassion Fatigue (CF). It is associated with feelings of hopelessness and difficulties in dealing with work or in doing your job effectively. These negative feelings usually have a gradual onset. They can reflect the feeling that your efforts make no difference, or they can be associated with a very high workload or a non-supportive work environment. Higher scores on this scale mean that you are at higher risk for burnout. The average score on the burnout scale is 50 (SD 10; alpha scale reliability .75). About 25% of people score above 57 and about 25% of people score below 43. If your score is below 18, this probably reflects positive feelings about your ability to be effective in your work. If you score above 57, you may wish to think about what at work makes you feel like you are not effective in your position. Your score may reflect your mood; perhaps you were having a “bad day” or are in need of some time off. If the high score persists or if it is reflective of other worries, it may be a cause for concern.

Secondary Traumatic Stress

The second component of Compassion Fatigue (CF) is secondary traumatic stress (STS). It is about your work-related, secondary exposure to extremely or traumatically stressful events. Developing problems due to exposure to others' trauma is somewhat rare but it does happen to many people who care for those who have experienced extremely or traumatically stressful events. For example, you may repeatedly hear stories about the traumatic things that happen to other people, commonly called Vicarious Traumatization. If your work puts you directly in the path of danger, for example, field work in a war or area of civil violence, this is not secondary exposure; your exposure is primary. However, if you are exposed to others' traumatic events as a result of your work, for example, as a therapist or an emergency worker, this is secondary exposure. The symptoms of STS are usually rapid in onset and associated with a particular event. They may include being afraid, having difficulty sleeping, having images of the upsetting event pop into your mind, or avoiding things that remind you of the event. The average score on this scale is 50 (SD 10; alpha scale reliability .81). About 25% of people score below 43 and about 25% of people score above 57. If your score is above 57, you may want to take some time to think about what at work may be frightening to you or if there is some other reason for the elevated score. While higher scores do not mean that you do have a problem, they are an indication that you may want to examine how you feel about your work and your work environment. You may wish to discuss this with your supervisor, a colleague, or a health care professional.

WHAT IS MY SCORE AND WHAT DOES IT MEAN?

In this section, you will score your test and then you can compare your score to the interpretation below. To find your score on each section, total the questions listed on the left in each section and then find your score in the table on the right of the section.

Compassion Satisfaction Scale: 3. ____ 6. ____ 12. ____ 16. ____ 18. ____ 20.
____ 22. ____ 24. ____ 27. ____ 30. ____ Total: ____

The sum of my Compassion Satisfaction questions	So My Score Equals	My Level of Compassion
22 or less	43 or less	Low
Between 23 and 41	Around 50	Average
42 or more	57 or more	High

Burnout Scale: *1. ____ = ____ *4. ____ = ____ 8. ____ 10. ____ *15.
____ = ____ *17. ____ = ____ 19. ____ 21. ____ 26. ____ *29. ____ = ____

The sum of my Burnout Questions	So My Score Equals	My Level of Compassion
22 or less	43 or less	Low
Between 23 and 41	Around 50	Average
42 or more	57 or more	High

Specific only to the “Burnout” questions: Each individual will need to reverse score their answers on the numbers that have the * symbol. Example:

You Wrote	Change to
1	5
2	4
3	3
4	2
5	1

Secondary Trauma Scale: 2. ____ 5. ____ 7. ____ 9. ____ 11. ____ 13. ____
 14. ____ 23. ____ 25. ____ 28. ____ Total: ____

The sum of my Secondary Traumatic Stress questions	So My Score Equals	My Level of Compassion
22 or less	43 or less	Low
Between 23 and 41	Around 50	Average
42 or more	57 or more	High

APPENDIX C

ACADEMIC SUCCESS COURSES CONSENT LETTER

My name is Shannon Lank and I am a doctoral student in the Mary Lou Fulton Teachers College (MLFTC) at Arizona State University (ASU). I am working under the direction of Dr. Kathleen Puckett, a faculty member in MLFTC. We are conducting a research study on Faculty in an Academic Success Program. The purpose of this study is to better understand how compassion fatigue can affect the performance of new faculty in the Success Courses.

We are asking for your help to participate in a survey called the Professional Quality of Life Scale (ProQOL) concerning your understanding and utilization of compassion fatigue and compassionate detachment. We anticipate this survey to take 15-20 minutes total.

Your participation in this study is voluntary. If you choose not to participate or to withdraw from the study at any time, there will be no penalty whatsoever. You must be 18 years of age or older to participate.

The benefit to participation is the opportunity for you to reflect on and think more about what impact the Success Courses have in your everyday life. Survey responses will also inform future iterations of the study and will inform future training within the department. Thus, there is the potential to enhance the experiences of our faculty and students. There are no foreseeable risks or discomforts to your participation.

Your responses will be anonymous. Results from this study may be used in reports, presentations, or publications but your name will not be used. If you have questions or are interested in the findings of this study, please email Shannon Lank at slank@asu.edu.

APPENDIX D

ACADEMIC SUCCESS COURSES SURVEY QUESTIONS

1. Please identify what you consider to be the strengths of the online training module and the professional development training.
2. Please identify area(s) where you think the online training module and the professional development training can be improved.
3. In what ways did your self-care change after the training, if at all?
4. In what ways did your teaching and communication change after taking the training?
5. Do you feel more prepared in teaching the department's vulnerable student population?
6. Do you feel more prepared for your next semester? How so?
7. What other measures do you feel the department could put in place to help combat compassion fatigue?

APPENDIX E

ANONYMOUS SURVEY CONSENT LETTER

My name is Shannon Lank and I am a doctoral student in the Mary Lou Fulton Teachers College (MLFTC) at Arizona State University (ASU). I am working under the direction of Dr. Kathleen Puckett, a faculty member in MLFTC. We are conducting a research study on Faculty in an Academic Success Program. The purpose of this study is to better understand how compassion fatigue can affect the performance of new faculty in the Success Courses.

We are asking for your help to participate in a focus group concerning your understanding and utilization of the compassion fatigue and compassionate detachment training that was created. We anticipate this focus group to take 45-60 minutes total.

Your participation in this study is voluntary. If you choose not to participate or to withdraw from the study at any time, there will be no penalty whatsoever. You must be 18 years of age or older to participate.

The benefit to participation is the opportunity for you to reflect on and think more about what impact the Success Courses have in your everyday life. Survey responses will also inform future iterations of the study and will inform future training within the department. Thus, there is the potential to enhance the experiences of our faculty and students. There are no foreseeable risks or discomforts to your participation.

Your responses will be anonymous. Results from this study may be used in reports, presentations, or publications, but your name will not be used. If you have questions or

are interested in the findings of this study, please email Shannon Lank at slank@asu.edu.

APPENDIX F

PRE-TEST RESULTS

The ProQOL uses a five point Likert scale to measure responses from participants that range from 1=never to 5=Very Often. The following table represents, based on the n=14, where the participants rated themselves when given the ProQOL

Pre-Test Results

	Never	Rarely	Sometimes	Often	Very Often
1. I am happy.	0%	0%	0%	79%	21%
2. I am preoccupied with more than one person I [help].	0%	14%	36%	29%	21%
3. I get satisfaction from being able to [help] people.	0%	0%	0%	29%	71%
4. I feel connected to others.	0%	0%	29%	50%	21%
5. I jump or am startled by unexpected sounds.	0%	21%	57%	21%	0%
6. I feel invigorated after working with those I [help].	0%	0%	21%	21%	57%
7. I find it difficult to separate my personal life from my life as a [helper].	7%	36%	29%	29%	0%
8. I am not as productive at work because I am losing sleep over traumatic experiences of a person I [help].	36%	36%	21%	0%	0%
9. I think that I might have been affected by the traumatic stress of those I [help].	36%	71%	14%	7%	0%

10. I feel trapped by my job as a [helper].	71%	14%	7%	0%	0%
11. Because of my [helping], I have felt "on edge" about various things.	14%	36%	43%	7%	0%
12. I like my work as a [helper].	0%	0%	7%	50%	43%
13. I feel depressed because of the traumatic experiences of the people I [help].	57%	36%	0%	7%	0%
14. I feel as though I am experiencing the trauma of someone I have [helped].	0%	36%	7%	0%	0%
15. I have beliefs that sustain me.	0%	0%	21%	43%	50%
16. I am pleased with how I am able to keep up with [helping] techniques and protocols.	0%	0%	29%	57%	14%
17. I am the person I always wanted to be.	0%	0%	29%	71%	0%
18. My work makes me feel satisfied.	0%	0%	14%	50%	36%
19. I feel worn out because of my work as a [helper].	7%	21%	36%	36%	0%
20. I have happy thoughts and feelings about those I [help] and how I could help them.	0%	0%	21%	43%	36%
21. I feel overwhelmed because my case [work] load seems endless.	14%	29%	21%	29%	7%
22. I believe I can make a difference through my work.	0%	0%	7%	50%	43%
23. I avoid certain activities or situations because	71%	29%	0%	0%	0%

they remind me of frightening experiences of the people I [help].					
24. I am proud of what I can do to [help].	0%	0%	7%	29%	64%
25. As a result of my [helping], I have intrusive, frightening thoughts.	71%	21%	0%	7%	0%
26. I feel "bogged down" by the system.	7%	21%	43%	21%	7%
27. I have thoughts that I am a "success" as a [helper].	0%	7%	14%	64%	14%
28. I can't recall important parts of my work with trauma victims.	50%	29%	21%	0%	0%
29. I am a very caring person.	0%	0%	0%	50%	50%
30. I am happy that I chose to do this work.	0%	0%	0%	57%	43%

Post-Test Results

	Never	Rarely	Sometimes	Often	Very Often
1. I am happy.	0%	0%	0%	88%	13%
2. I am preoccupied with more than one person I [help].	0%	25%	63%	13%	0%
3. I get satisfaction from being able to [help] people.	0%	0%	0%	13%	88%
4. I feel connected to others.	0%	0%	0%	75%	25%
5. I jump or am startled by unexpected sounds.	0%	0%	0%	75%	25%
6. I feel invigorated after working with those I [help].	0%	0%	13%	50%	38%
7. I find it difficult to separate my personal life from my life as a [helper].	13%	0%	75%	13%	0%
8. I am not as productive at work because I am losing sleep over traumatic experiences of a person I [help].	25%	63%	13%	0%	0%
9. I think that I might have been affected by the traumatic stress of those I [help].	13%	50%	25%	13%	0%
10. I feel trapped by my job as a [helper].	38%	38%	25%	0%	0%

11. Because of my [helping], I have felt "on edge" about various things.	13%	50%	13%	13%	0%
12. I like my work as a [helper].	0%	0%	0%	75%	25%
13. I feel depressed because of the traumatic experiences of the people I [help].	25%	50%	25%	0%	0%
14. I feel as though I am experiencing the trauma of someone I have [helped].	38%	50%	13%	0%	0%
15. I have beliefs that sustain me.	0%	0%	13%	50%	38%
16. I am pleased with how I am able to keep up with [helping] techniques and protocols.	0%	0%	50%	38%	13%
17. I am the person I always wanted to be.	0%	0%	38%	50%	13%
18. My work makes me feel satisfied.	0%	0%	0%	75%	25%
19. I feel worn out because of my work as a [helper].	13%	13%	13%	38%	13%
20. I have happy thoughts and feelings about those I [help] and how I could help them.	0%	0%	13%	88%	0%
21. I feel overwhelmed because my case [work] load seems endless.	13%	50%	13%	0%	25%

22. I believe I can make a difference through my work.	0%	0%	0%	75%	25%
23. I avoid certain activities or situations because they remind me of frightening experiences of the people I [help].	50%	50%	0%	0%	0%
24. I am proud of what I can do to [help].	0%	0%	0%	38%	63%
25. As a result of my [helping], I have intrusive, frightening thoughts.	75%	13%	13%	0%	0%
26. I feel "bogged down" by the system.	0%	38%	50%	0%	13%
27. I have thoughts that I am a "success" as a [helper].	0%	0%	13%	75%	13%
28. I can't recall important parts of my work with trauma victims.	38%	63%	0%	0%	0%
29. I am a very caring person.	0%	0%	0%	63%	38%
30. I am happy that I chose to do this work.	0%	0%	0%	63%	38%

APPENDIX G

INSTITUTIONAL REVIEW BOARD APPROVAL

EXEMPTION GRANTED |

Kathleen Puckett
 Division of Teacher Preparation - Polytechnic Campus
 480/727-5206
 Kathleen.Puckett@asu.edu

Dear Kathleen Puckett:

On 10/17/2018 the ASU IRB reviewed the following protocol:



Type of Review:	Initial Study
Title:	Compassion Fatigue in Higher Education: The Problem No One Talks About
Investigator:	Kathleen Puckett
IRB ID:	STUDY00009048
Funding:	None
Grant Title:	None
Grant ID:	None
Documents Reviewed:	<ul style="list-style-type: none"> • IRB Application Lank Shannon v2.docx, Category: IRB Protocol; • Lank FOCUS GROUP CONSENT v2.pdf, Category: Consent Form; • IRB Lank Shannon Recruitment Message.pdf, Category: Recruitment Materials; • Responses to comments denoting corrections made, Category: Other (to reflect anything not captured above); • IRB Lank Shannon ProQOL Consent Letter (1).pdf, Category: Consent Form; • SUCCESS COURSES ONLINE SUPPORT TRAINING CONSENT LETTER.pdf, Category: Consent Form; • IRB Lank Shannon ProQOL and Focus group.pdf, Category: Measures (Survey questions/Interview questions /interview guides/focus group questions);

The IRB determined that the protocol is considered exempt pursuant to Federal Regulations 45CFR46 (2) Tests, surveys, interviews, or observation on 10/17/2018.

In conducting this protocol you are required to follow the requirements listed in the INVESTIGATOR MANUAL (HRP-103).

Sincerely,

IRB Administrator

cc: Shannon Lank
Shannon Lank

APPENDIX H

COMPASSION FATIGUE ONLINE SUPPORT TRAINING INNOVATION

Canvas Modules

Prior to starting online innovation participants were asked to review the following documents and complete the ProQOL Pre-test

▼ Pre Test ProQOL

✓

+

⋮

<div></div>	<div></div> Welcome and Start Here	✓	⋮
<div></div>	<div></div> ProQOL Consent Letter	✓	⋮
<div></div>	<div></div> ProQOL Pre-test	✓	⋮
<div></div>	<div></div> ONLINE SUPPORT TRAINING CONSENT LETTER	✓	⋮

Module 1 Compassion Fatigue Knowledge

▼ Compassion Fatigue Knowle...

Prerequisites: Pre Test ProQOL

✓

+

⋮

<div></div>	<div></div> Watch First	✓	⋮
<div></div>	<div></div> Risk factors	✓	⋮

Module 2 Recognizing Compassion Fatigue

⋮

▼ Recognizing Compa...

Prerequisites: Compassion Fatigue Knowledge Base

✓

+

⋮

⋮	📄 Watch First-2	✓	⋮
⋮	📄 Top 10 signs you are suffering from Burnout	✓	⋮
⋮	📄 Signs and Symptoms	✓	⋮
⋮	📄 Taking Care of Yourself First	✓	⋮
⋮	📄 Things that can make it worse/better	✓	⋮

Module 3 Practicing Compassionate Detachment

⋮ ▼ **Practicing Compassion...**

Prerequisites: Recognizing Com-
passion Fatigue

✓ + ⋮

⋮	📄	Watch First-3	✓	⋮
⋮	📄	Signs and Symptoms 0 pts	✓	⋮
⋮	📄	Identify indicators of Distress 0 pts	✓	⋮
⋮	💬	Discussion: Student Trauma	✓	⋮
⋮	💬	Discussion: Self Care	✓	⋮
⋮	💬	Discussion: Learned Self-Care	✓	⋮
⋮	💬	Discussion: Self-Care for Spring	✓	⋮

Module 4 ProQOL Post test

⋮ ▼ **Post Test ProQOL**

Prerequisites: Pre Test ProQOL

✓ + ⋮

⋮	📄	ProQOL Post-test	✓	⋮
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